OFFICE RÉGIONAL DE LA SANTÉ
DES PARCS

PARKLAND
REGIONAL HEALTH AUTHORITY

Annual Report 2005-2006

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Individuals, families and communities achieving the best possible health and wellness

Letter of Transmittal and Accountability

September 30, 2006

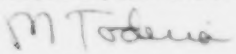
Hon. Tim Sale
Minister of Health
Province of Manitoba
Room 302 –Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8

Mr. Minister:

We have the honour to present the Annual Report for the Parkland Regional Health Authority, for the fiscal year ended March 31, 2006.

This annual report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2006, have been considered in preparing the annual report.

Respectfully submitted on behalf of Parkland Regional Health Authority.



Merv Toderian
PRHA Board Chair
2005/2006

MESSAGE FROM THE OUTGOING CHAIR OF THE BOARD
2005/2006

Merv Toderian

As retiring Chair of the Board, it is with pleasure that I present, on behalf of the Governing Board of Directors, the 2005-2006 Annual Report of the Parkland Regional Health Authority.

The Board has worked diligently during the past fiscal year, to address the issues and concerns surrounding health and health care delivery in the Region. It has at times proven very challenging and there certainly is much more work that lies ahead.

I was honoured to represent the PRHA in a series of very special openings which occurred in September 2005. Within a matter of days, the PRHA held opening ceremonies for a state-of-the-art health centre in Swan River and officially opened two new primary health centres in Camperville and Waterhen. All of these new facilities improve our health delivery system in Parkland and will do so for many years to come.

Just a few months earlier, in April 2005, ceremonies were held to celebrate the redevelopment of Benito Health Centre acute care into the Benito Primary Health Care Centre. This was a truly gratifying project as community members took the lead in assisting us with ways to improve the delivery of health care services and programs for Benito and area residents.

The PRHA continues to enhance access to services for its residents as a result of its primary health care strategy. This strategy will continue to play an important role as the PRHA moves ahead with its Strategic Plan and visioning over the next five years.

The following is a list of some of the other key highlights that happened at the Board level over the last year.

Stakeholder communication- In keeping with the Board vision, *"Individuals, families, and communities achieving the best possible health and wellness"*, we continued our focus on partnerships, visibility, linkage and communication within our Region. We also continued our regular practice of meeting with municipal representatives, School Divisions and our affiliated facility Boards.

We asked attendees to consider undertaking a little homework prior to attending the luncheon meeting to ensure the discussions were focused on our Vision. The two questions provided in advance were:

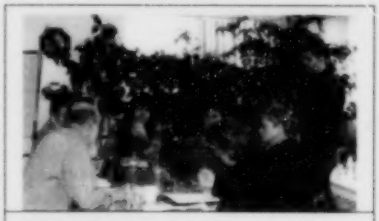
1. *"What would it look like if communities were as healthy as they could be?*
2. *"What issues are preventing communities form being as healthy as they could be?*

These advance questions helped to enhance dialogue during our stakeholder communication sessions and allowed participants to focus on a bigger picture relating to the determinants of health in our Region.

In 2005/2006, the PRHA Board held its regular meetings in the communities of Ste. Rose, Swan River, Grandview, Sapotaweyak, Alonsa, Roblin, Winnipegosis, Dauphin, Camperville and Waterhen. It was enlightening and encouraging to listen to the array of views on health care

in the Parkland. By rotating our regular meetings around the Region, we are very fortunate to hear first-hand accounts, both good and bad, from the people that matter most in our region-our residents, clients, and patients.

Community Engagement Workshop- In May 2005, PRHA Board members, management and staff took part in a one-day 'Community Engagement' Workshop in Dauphin. The Workshop featured a representative from the Vancouver Coastal Health Authority, who works with their community engagement process. The Workshop examined additional ways of involving Parkland residents in the future of their health care system.



PRHA Board, management and staff also participated in a one-day "community engagement" workshop.

Board Strategic Planning-In early January 2006, the Board held a *Strategic Planning Session*. One of the key outcomes of the Board retreat was a thorough review of our Ends Policies. (Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.)

Advisory Councils- The Board relies on input from its *Advisory Councils* as a means of linking back to communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.
(See page 10)

The guest speaker at the PRHA Board's Annual General Meeting in Dauphin in November 2005, was the Hon. Tim Sale, Minister of Health.

A special *Advisory Council Workshop* was held in September 2005, which focused on follow-up from the 2004 Community Health Assessment. Suggestions were also reviewed on improving the two-way communication process between Councils and the Board.

Annual General Meeting (AGM)- *The 2004/2005 Annual General Meeting* featured the second Board Volunteer Health Service Awards. Five awards were presented to deserving individuals, and one award was presented to a much-appreciated community group. We were honoured to have the Minister of Health, Tim Sale, as our guest speaker at the AGM.

In conclusion- As my tenure as Chair came to and end March 31, 2006, I wish the new Chairperson, Ms. Lynda Mann, and the rest of the Board, all the best in future endeavors.

Thank you to management, staff, physicians and volunteers for the commitment you bring to your work.

M Toderian

Merv Toderian
PRHA Board Chair
2005/2006

MESSAGE FROM THE INCOMING CHAIR OF THE BOARD
2006/2007

Lynda Mann

As the new Chairperson of the PRHA, I thank outgoing Board members Merv Toderian (Chair), Anna Stewart (Vice-Chair) and Gordon Bishop for their valuable contributions to the RHA during their terms. Their professionalism and dedication to health care in Parkland Region will be missed by the Board.

As well, I sincerely welcome my fellow new Board appointees, Paul Overgaard of Dauphin and Rowena Powell of Roblin.

Thanks to the dedication and commitment of PRHA Board, staff and management, as well as affiliates, physicians and other key partners and stakeholders, the RHA will continue to move forward and meet challenges that the health system presents on an every day basis.

Retiring Board members- PRHA Board chair Merv Toderian, left, and vice-chair Anna Stewart, right, with PRHA CEO André Rémillard. Gordon Bishop (not pictured) of Ste. Rose also saw his term on the Board expire in 2005/2006.

To quote the PRHA Strategic Plan:

"Currently, our primary focus is on illness- treating people and helping them recover after they are ill and injured. However, our Vision identifies a broader intent. *'Individuals, families and communities achieving the best possible health and wellness'* reflects our recognition that the health system can not be solely responsible for the health of our population. Not only must individuals and families be committed to health and wellness, but communities and other must also be so committed."

As the new chairperson, I will continue on the path that the previous Board has established in enhancing partnerships at all levels as we continue efforts to achieve our Board Vision.

Thank you.

Lynda Mann

Lynda Mann
PRHA Board Chair
2006/2007

Message from the Chief Executive Officer

André Rémillard

It is with pleasure that I submit the 2005-2006 Annual Report for the Board's consideration. Looking back at accomplishments and challenges over a fiscal year is always a difficult task, but a number of significant events of note come to mind.

Strategic Plan - The PRHA's second *Strategic Plan* was compiled and completed during the past year. The *2006-2011* Strategic Plan outlines the vision that will guide the RHA as it goes forward over the next five years. The Strategic Plan was developed with input from many individuals, staff, physicians, Board members, Advisory Council members and community members and we thank all of those who participated in this very important planning process.

(For more information on the Strategic Plan, see appendix C on page 65)

Capital projects- The PRHA, along with Swan Valley Health Facilities and Manitoba Health, was very proud to 'officially' open a new health centre in Swan River in September 2005. Two new primary health care centres, in the communities of Camperville and Waterhen, were also 'officially' opened in September. Planning for a new community health services building in Dauphin also intensified throughout the fiscal year and the PRHA is optimistic that the project will receive provincial approval to proceed to the tender stage in the very near future.

(For more information on capital projects and infrastructure, see page 41)

Telehealth services- Manitoba Telehealth services were expanded within the Region in 2005-2006. Ste. Rose became the Parkland's third site, joining Dauphin and Swan River. Telehealth makes it easier for Parkland residents who would otherwise have to travel to Winnipeg to access specialist care. Besides timely care, the Telehealth Network also facilitates greater collaboration among health care professionals, and there are educational and administrative opportunities associated with the initiative.

(For more information on Telehealth, see page 32)

Accreditation-The PRHA was awarded *"Accreditation with Report"* from the Canadian Council on Health Services Accreditation (CCHSA) in 2004. *'With Report'* means that as a condition of maintaining accreditation status, the PRHA was asked to provide a progress report back to CCHSA on specific recommendations contained within the Accreditation Survey. The PRHA reported back to CCHSA in 2005/2006 in regards to the following recommendations.

- Implementing a formal regional human resources plan;
- Implementing a region-wide performance appraisal system;
- Implementing a coordinated infection control program that is consistent across all facilities, sites and clinics within the Region;
- Developing and finalizing an integrated information management plan for the RHA.

The PRHA is now in the process of preparing for its third Regional Accreditation Survey which will take place in the fall of 2007.

Financial challenges-Despite our many successes of the past year, the PRHA continued to feel the impact of financial and human resource challenges. As a result of those challenges, the RHA recorded a deficit of nearly $4.9- million for the year, compared to a $1.6-million deficit in 2004-2005. Higher activity in the Region's hospitals, associated staffing costs, commissioning costs of the new Swan Valley Health Centre, and pre-retirement costs were some of the contributing factors towards the deficit.

PRHA managers held a special budget review and planning session in February 2006, to review targeted savings and cost reduction measures aimed at addressing the RHA's deficit. As a result, several strategies were identified to move towards balanced budgets. The strategies were worked into the RHA's Health Plan for 2006/2007 as well as the new human resources plan which was unveiled in the fiscal year.

(The PRHA's audited financial statements begin on page 44.)

Recruitment and retention of health care professionals- Several other challenges lie ahead. As part of the new reality for rural RHAs, recruitment and retention of qualified health professionals will continue to be an issue that confronts Parkland.

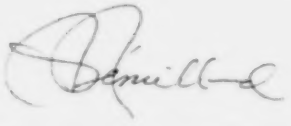
Specific to physicians, the PRHA enhanced recruitment efforts throughout the year, by attending the Residents' Physician Retreat in September 2005 and a Residents' Job Fair in February 2006. In October 2005, the PRHA addressed first and second year medical students in Winnipeg in an effort to entice them to eventually work in rural Parkland.

On the nursing front, the PRHA participated in a pilot project with Red River Community College, which allowed eight Licenced Practical Nurses in Parkland the opportunity to upgrade their education and skills to a Registered Nurse level. This was accomplished through video streaming and distance learning.

A second 15-month Licenced Practical Nursing program, through Assiniboine Community College, was also offered within the Region in 2005-2006. Twenty-five Parkland students enrolled in the program.

I thank RHA staff and management, as well as physicians for the significant effort and contributions made throughout the year. Without this commitment to our customers- the citizens of the Parkland Region-little could be achieved or accomplished.

In closing, we appreciate the direction and support provided by the Board, and look forward to another challenging and successful year ahead as we continue to work towards our Vision of *"Individuals, families and communities achieving the best possible health and wellness."*



André Rémillard
Chief Executive Officer

PRHA Board

PRHA Board 2005/2006- From front left are: Gordon Bishop (Ste. Rose), Heather Morden (McCreary), Anne Lacquette (Mallard), Myrtle Bilow (Mafeking), Dot Connolly (Sifton), and Monica Black (Bowsman) and Merv Toderian (RM of Ochre River).
Back left are: Anna Stewart (Roblin), Paul Freed (Swan River) Doreen Stammen (Rorketon), Gerald Shewchuk (Dauphin) and Barry Chalmers (Swan River)

Missing from the photo are John Zaplitny (Gilbert Plains) and Esther Fyk (Garland).

Board Role

The PRHA operates under the direction of a 14-member Board, which is responsible to the Minister of Health. The Board's role is to ensure the organization's accountability by monitoring and evaluating its performance and by interacting and communicating with the public, stakeholders and partners.

Board Vision

"Individuals, families and communities achieving the best possible health and wellness".

Board Mission

In Pursuit of its Vision, the Authority exists so that there will be:

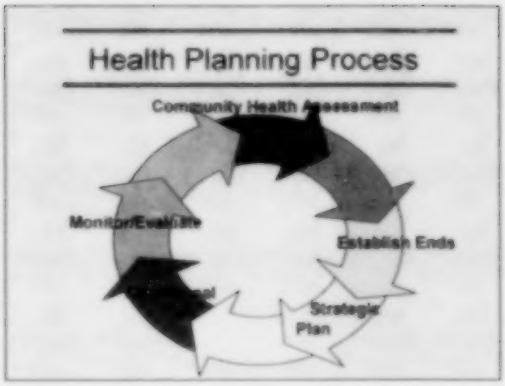
- **Optimal Quality of Life;**
- **Healthy Lifestyles;**
- **Healthy Environments;**
- **Treatment of the ill and injured.**

Board Governance

The Board has set four **Ends** that it reviews and monitors on a regular basis. (Ends are the measurable goals, impacts and outcomes the Board wants to achieve.)

The Board concentrates on areas where data indicates our Region needs improvement.

Specific to the Ends policies, the Board receives **monitoring reports** on the status of progress towards these Ends. These monitoring reports provide an overview of results relative to each End.



On its part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

Board Committees

The Board has four standing committees to assist the Board in carrying out its responsibilities. They are:

Executive Committee- Acts on behalf of the Board in urgent situations, when it is not feasible or practical to convene a meeting of the entire Board. The Committee must report any actions taken at the next meeting of the Board and it does not have the authority to change Board bylaws or policies or act against them.

Finance and Audit Committee- Reviews options and implications for the Board's consideration regarding finance, audit, and capital planning issues. The Committee also review's the appropriateness of the Board's own spending, in areas such as expense reimbursement, Board development and other Board expense accounts.

Program and Planning Committee- Helps identify a list of ongoing educational needs of the Board and provides written alternatives and implications for the Board's consideration regarding how to meet those educational and developmental needs. The Committee also reviews policy alternatives and implications for the Board.

Community Relations Committee- Reviews and makes recommendations to the Board in relation to the Board's communications with its stakeholders. The Committee also advises the Board on policies and procedures relating to Board interaction with Advisory Councils, municipal and provincial politicians and the general public.

Board Advisory Councils (2005/2006)

In 2005/2006, the Board maintained four Advisory Councils as a means of linking back to communities. These Advisory Councils provided an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

District Health Advisory Councils (DHACs)- The PRHA has two District Health Advisory Councils, one representing the **East** and one representing the **West.** These two Councils generally meet four times a year and as specific projects and issues arise. They are focal points for community participation and an important vehicle for two-way communication with the PRHA Board.

Regional Mental Health Advisory Council (RMHAC)- The RMHAC acts in an advisory capacity to the PRHA Board and helps develop recommendations regarding mental health priorities in the Region.

Spiritual Advisory Council (SAC)- The Spiritual Advisory Council aimed to integrate spirituality into our health care system. The Council advocated

Advisory Councils

Regional Mental Health Advisory Council

Alex Bassett
Bob Curle
Louise Debuekelare
Marvin Fried
Lynda Mann
Garry Meadows
Geri Perche
Eleanor Snitka- **Chair 2005**
Wesley Rumak
Ella Wynn
Giselle de Meulles-**Chair 2006**
James Furkalo
Barb St. Goddard
Peter McKay

Spiritual Advisory Council

Elvier Brunel
Msgr. Michael Buyachok-**Chair**
Rev. David Johnson
Rev. Margaret McCallum
Larry Moar
Olive Seale
Barb Sutherland
Pat Tichon
Pastor Allen Unger-Vice Chair
Sister Jean Zemliak

Eastern District Health Advisory Council-

José Randell-**Chair**
Wayne Beyette
Marlene Bouchard
Karin Fendick
Diane Hrychuk
Gloria Kostelnyk
Joan Parthenay
Jannett Terrick
Ollie Yaremchuk

Western District Health Advisory Council-

Dianne Hamiwka- **Chair**
Alf Dressler
Debra Wilson
Lorene Ward
Amy Shaw
Eve Baptiste
Linda Manweiller
Lawrence Timmerman
Anna Fullerton

The Performance Story:

Optimal Quality of Life

Residents experience optimal quality of life-

Goal: Seniors maintaining the highest level of independence possible.

Actual Results/Accomplishments:

- The PRHA Services to Seniors Program assists communities in creating and sustaining support services that will maintain and/ or enhance the physical, psychological and social well-being of older persons in order to support their ability to remain independent. The range of community-based services to seniors includes coordination or support of services such as home and yard maintenance, meals on wheels, congregate meal programs, and adult day programs. Services delivered through this program have steadily increased since inception.

- The PRHA provides funding to nine (9) Community Resource Councils (CRCs) to provide support services to seniors living in the community. CRCs operate in the following communities: Alonsa, Dauphin, Gilbert Plains, Grandview, McCreary, Roblin, Rorketon, Ste. Rose and Swan River.

- There are 18 congregate meal programs in 10 communities in the Region. These programs provide a nutritious hot meal in a social atmosphere to seniors living independently. Meals on Wheels are provided through facility and community settings to bring a nutritious meal to frail seniors where congregate meal programs are not available.

- Additional Congregate Meal Programs will be developed within the Region in the communities of Alonsa, Pine River, Gilbert Plains and Dauphin.

- A number of communities in the Parkland Region have expressed interest in development of supportive housing to enable seniors to remain in their own communities as an alternative to institutionalization. The PRHA submitted its Long Term Care Strategy to Manitoba Health. Communities with a high proportion of seniors and high use of home care services are targeted in the initiative.

- Adult Day Programs provide planned and supervised recreation and social support programming for individuals living in the community who may deteriorate in physical and/or mental functioning without intervention. Adult Day Programs are offered in seven communities in the Region including Dauphin, Gilbert Plains, Grandview, McCreary, Roblin, Ste. Rose du Lac and Swan River. Regional Adult Day Care Program Guidelines were developed and implemented to ensure consistency in programming across the Region.

- The PRHA expanded home care nursing services in a number of communities across the Parkland Region in 2005/06. This service has resulted in reduction in returns to outpatient departments for persons recently discharged from hospital for nursing care including wound care and medication administration.

- Respite beds, available in a number of personal care homes in the Region, provide short-term support for frail elderly and their families. This is a resource that is well-utilized in most locations in the Region.

Challenges and Future Directions

- Services to Seniors Programs in the Parkland have an important role in supporting seniors to retain their independence in living in the community. With the high proportion of elderly residents in the Parkland Region, it is recognized that these programs need to be sustainable into the future. Need for this program often exceeds resources required.

- Adequate nutrition has been identified for frail elderly residents who live alone. Community meal programs provide necessary support for these individuals. The delivery of meals on wheels programs is becoming an increasing challenge due to dwindling numbers of volunteers able to deliver the meals. Congregate meal programs provide both hot nutritious meals but also an opportunity for socialization to counter-act loneliness that is often also experienced by these individuals. The PRHA will continue its efforts to expand Congregate Meal Programs and seek alternatives to delivery of meals on wheels.

- The PRHA will develop a Regional Falls Management Plan for Personal Care Homes.

Indicator:

Number of meals served to seniors through congregate meal and meals on wheels program

Community Meal Programs for Elderly - Number of Meals Served	2005/2006	2004/2005
Congregate Meal	58,890	57,003
Meals on Wheels – Facility	12,221	13,592
Meals on Wheels – Community	4,753	6,113
Total Meals Served	75,864	76,708

Indicator:

Long Term Care Respite Services

	2005/06				2004/05			
Facility	No. of Respite Beds	No. of Clients	No. of Admissions	% Bed Occupancy	No. of Respite Beds	No. of Clients	No. of Admissions	Bed Occupancy
Dauphin PCH	3	38	56	65%	3	30	56	63%
Dr. Gendreau PCH	1	11	23	61%	1.5	20	36	75%
Swan Valley PCH	2	11	23	30%	2	11	21	25%
Crocus Court PCH	1	8	6	58 %	1	10	12	61%
Grandview PCH	1**	5	8	32%**	**	**	**	**
Gilbert Plains PCH	1	11	20	54%	1	12	23	76%
TOTAL	**9**	**84**	**136**	**51 %**	**8.5**	**85**	**163**	**69%**

***Respite bed re-opened January 3, 2006 (% based on 90 days)*

Optimal Quality of Life

Goal: To maintain an individual's physical, social, and psychological well-being by fostering functional independence and the quality of a person's life in the Personal Care Home (PCH).

Actual Results/ Accomplishments:

- The PRHA introduced a new position (Long Term Care Standards Coordinator) to the Region in 2005/2006. The Coordinator is responsible for monitoring and educating long term care personnel in the Region in relation to the province's long term care standards.
- In March 2005, educational sessions entitled "Promoting Quality Care for Our Parkland Residents" for PCH nursing personnel were held throughout the Region. Topics included the review of Manitoba Health long term care standards, Protection for Persons in Care Act, and Protection for Persons in Care Office, resident bill of rights, infection control, use of restraints and leadership.
- The PRHA developed audit to measure the use of restraints in PCHs throughout the Region. This monitoring is done to ensure that the least amount of restraint possible is used when possible.

Challenges and Future Directions:

- Education on Long Term Care for personal care home support staff is required.

Indicators:

- The PRHA annually audits compliance with the policy specifically the assessment form completed, alternatives/interventions documented, consent obtained, monitoring of resident documented, recorded on Care Plan.
- Compliance with Manitoba Health Personal Care Home standards and regulations.

Healthy Lifestyles

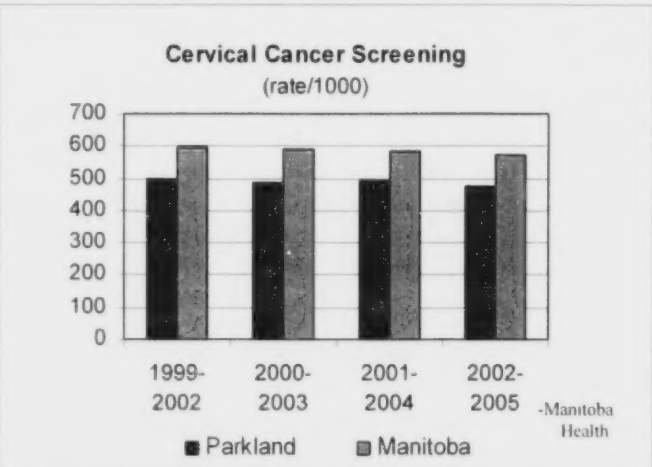
-Residents are aware of, and make, healthy lifestyle choices-

Goal: Provide increased opportunity for disease screening

Actual results/accomplishments:

- Parkland led the province in breast screening participation in 2005. Statistics from the Manitoba Breast Screening Program (MBSP) showed 62 % of Parkland women (50-69 years) had a mammogram within the last two years. This was a 4 per cent increase from 2004. In 2005-2006, the Mobile Mammography Program visited 8 Parkland sites, including, for the first time, the community of Camperville. Screening mammography is recommended every two years for women aged 50 to 65.

- The Parkland participated in a cervical cancer screening pilot project in 2005/2006. The Manitoba Cervical Cancer Screening Program provided funding for the pilot to cover expenses related to nursing education and the purchase of equipment and supplies. Community Health Nurses in Benito and Ethelbert are now qualified to perform cervical cancer screening (pap smears). Clinics took place throughout the year in Benito, Camperville, Duck Bay, Ethelbert and Pine River.



Challenges and Future Directions:

- Mobile mammography clinics in the Parkland were booked to capacity in many communities. In 2006, the Manitoba Breast Screening Program has advised of a change in policy wherein they would no longer do manual breast examinations as part of the screening program. This allowed the program to focus on mammography and, as a result, increase its capacity. The Program has noted that most women receive a manual examination by a physician as part of their annual general examination.

- The mobile mammography units will visit Swan River, Dauphin and Roblin in 2006 as well as, for the first time, the community of Birch River.

- Improving rates of cervical cancer screening is one goal of Primary Health Care in the Region. Screening clinics will be offered by nurses in additional communities in the Parkland in the future.

Healthy Lifestyles

Residents are aware of, and make, healthy lifestyle choices.

Goal: Prevention and control of communicable disease in the Parkland.

Actual Results/Accomplishments:

- Children in the Parkland are immunized at a relatively high rate. However, the Public Health Program in the Region continues to strive to reach an overall childhood immunization rate of 80%.

- Influenza immunization clinics were offered by public health nurses in 23 communities in 2005 with immunizations provided to 6,229 individuals. A high level of influenza immunization provides a baseline of protection to individuals and communities in the event of an outbreak.

The PRHA will continue efforts to increase influenza immunization rates among health care providers in order to protect themselves, their families and patients.

- Efforts to enhance influenza immunization among health care providers were implemented including the provision of more information, additional clinics and a marketing strategy within the Region.

- The Region continues to work with Manitoba Health in efforts related to Pandemic Influenza preparedness.

- Screening for Sexual Transmitted Infections (STIs) occurred as part of cervical cancer screening. Chlamydia infection is the most frequently reported sexually transmitted infection, with 62% of all Chlamydia infections occurring in the15 to 24 age group.

- The Public Health Program responds immediately when diagnosis of a reportable communicable disease is confirmed by contacting individuals who may have been exposed and to control spread of the disease. Tuberculosis (TB) and Hepatitis C continue to be a concern in the Region.

Indicator: **Childhood Immunization Coverage *(2004)***

Age	Parkland	Manitoba
2 years	75.3	70.2
7 years	83.9	71.5
17 years	75.9	58.6

Complete for Age – Rate per 100

Indicator: **Number of people receiving flu and pneumococcal immunizations**

	2005/2006	2004/2005
Health Care Workers	680	775
Over 65 Years of Age: • High Risk • Household contacts	 4,926 623	 5,012 826
Total Immunized	**6,229**	**6,613**

*Statistics do not include the number of people who received immunizations within physician offices, medical clinics, or First Nations Health Centres within the Region.

Indicator: **Person determined to have a communicable disease on the basis of clinical and/or laboratory evidence reported to the region.**

CASES	2005	2004
Sexually Transmitted Diseases:		
Chlamydia	**94**	**83**
Gonorrhea	**25**	**6**
Chlamydia/Gonorrhea	**13**	*
HIV	**0**	**0**
Other Communicable Diseases:		
Hepatitis B	*	**0**
Hepatitis C	**8**	**26 (18 OB)****
Pertussis	**0**	**0**
Tuberculosis	**10**	*

less than 5 cases/contacts
****OB- Outbreak***

Challenges and future directions:

- Health care providers are at particular risk of contracting influenza in the event of a widespread outbreak. In 2005, roughly 30% of PRHA staff received influenza vaccine. There is a need to continue efforts to increase influenza immunization rates among health care providers in order to protect themselves, their families and patients.
- The high rate of Chlamydia infection among youth indicate that young people are participating in unprotected sex. Public health nurses provide health education in the schools and reproductive health clinics. The PRHA will be exploring development of teen health clinics in the future to better address this and other health concerns of this population.
- The Region will develop and implement a Travel Health Program.

Healthy Lifestyles

Residents are aware of, and make, healthy lifestyle choices.

Goal: Develop strong, supportive families that enable healthy growth and development.

Actual Results/Accomplishments:

- Programs of Healthy Child Manitoba in the Region focus on supporting families by creating environments that encourage early child development.
- The *Families First Program* accepts identified prenatal families and parenting families with children up to age four, offering three years of home visiting services to enhance access to strength based supports, build foundations for strong family functioning, support healthy childhood growth and development, and encourage positive parent/child relationships.
- The rate of teen pregnancy is higher in the Parkland Region than the Manitoba average. Screening data from the Families First Program confirms that Parkland teenaged mothers are more likely than older mothers to be in a higher risk situation and to require additional supports in parenting their children. School divisions and the Public Health Program continue to work together to address the teen pregnancy issue. The Families First Program provides additional supports to families assessed as being in higher risk situations. The implementation of primary health care will provide opportunities to develop more comprehensive services for teens.
- The Regional *"Growing Healthy Families"* Healthy Baby Program provided group education and activities for mothers and infants in the communities of Swan River, Mallard, Waterhen, Ste. Rose du Lac, and Roblin. Program staff support the Dauphin Friendship Centre in Healthy Baby service delivery in the communities of Dauphin, Camperville, and Duck Bay. Locations for this program change in order to best meet local need and interest.
- A partnership planning team completed the demonstration phase in the development of a Regional Children's Therapy Initiative for the Parkland. This future program will include 'one number to call' to access therapy services for children, including access to in- Region occupational therapy, physiotherapy, audiology and speech language pathology. An early phase of implementation of this program will begin in 2006/07.
- The number of babies being breastfed has increased over the last ten years in Parkland, as it has elsewhere in Manitoba. However, our rates in Parkland are still below the provincial average. The PRHA has a Breastfeeding Committee that has developed a plan to enhance breastfeeding, and held workshops for health providers in the fall of 2005.

Indicator: **Participants in Healthy Child Manitoba Programs in Parkland**

	2005/2006	2004/2005
Families First	63	43
Healthy Baby	233	190

Challenges and Future Directions:

- The Region will begin implementation of a Children's Therapy Initiative in 2006/2007.

Primary Health Care

Manitoba Premier Gary Doer and Swan River MLA and Deputy Premier Rosann Wowchuk, were on hand for the Grand Opening of the Primary Health Care Centre in Camperville in September 2005.

Primary Health Care

- Primary health care has been adopted by the PRHA as the framework for delivery of all community health services in the Region. Primary health care includes a broad range of activities and services including health promotion, disease and injury prevention, clinic-based services, as well as education and support for persons with chronic disease.

Grand opening ceremonies were held for the Primary Health Care Centre in Waterhen in September 2005.

- Two new primary health care centres in the communities of Camperville and Waterhen opened their doors in 2005-2006. A community engagement process was used to identify health care priorities for residents of the communities of Camperville, Duck Bay, Waterhen, Mallard, Meadow Portage, Rock Ridge, Spence Lake, Wood's Creek and Benyk's Point.

- The number people living with diabetes in the Parkland Region is significantly higher than the provincial average, and of greatest concern in the East and North Districts of the Parkland. The Regional Diabetes Program provided assessment and education regarding management of diabetes to 992 residents of the Region in 2005/06, an increase of 30% compared to the previous year. The Program continues to hold clinics for the assessment of people at risk for developing diabetes, and for early identification of complications among people already diagnosed with diabete. Twenty-eight health care professionals (physicians, nurses, dietitians) received training in risk factor and complication assessment. A total of 128 people received this screening in 2005/06.

- The PRHA participated in and coordinated in-region workshops to develop a Regional Aboriginal Health Strategy. A status report on the Aboriginal health performance deliverable was submitted to Manitoba Health in 2005/2006.

Challenges and Future Directions:

- Expansion of the Regional Diabetes Program will continue to be a priority, and will include activities to prevent or delay the onset of diabetes, community-based screening of at-risk populations, enhanced access to self-management information and assessment for complications of diabetes.
- Access to audiology services continued to be a challenge in 2005/06 due to recruitment issues. The PRHA partnered with Brandon and NorMan Regional Health Authorities in development of an initiative that includes the recruitment and training of local audiometrists working in consultation with an Audiologist located in Brandon. This program will be implemented in 2006/07.
- The Region will continue to work towards strengthening promotion and support of breastfeeding via health professional education, and policy development promoting consistent information across acute care and community providers.
- The Region will develop an aboriginal cultural education plan.

Indicator: **Number of Diabetes Education Contacts**

Fiscal Year	Number of clients	Number of contacts with Diabetes Educator
2003/2004	604	*1,383
2004/2005	763	1,655
2005/2006	992	1,555

-2004/2005 and 2005/2006 statistics were collected through the DER database.
*Manually tracked.

Healthy Lifestyles

Residents are aware of, and make, healthy lifestyle choices.

Goal: Parkland residents make positive choices for healthy living.

Actual Results/Accomplishments:

- The PRHA received provincial funding to support the implementation of the Chronic Disease Prevention Initiative (CDPI). The CDPI is a new five-year initiative of the Province designed to support at risk communities in implementing strategies to prevent diseases such as diabetes, cancer, cardiovascular disease, kidney disease and respiratory disease. All are major causes of illness, disability and death in the Parkland Region and across Manitoba.

- The Regional CDPI Steering Committee, comprised of a number of organizations within the Parkland, was established to coordinate implementation of the initiative in the Region. Community action plans that have been developed in six community clusters (27 communities) focus on enhancing access to healthy foods, providing opportunities for residents to increase levels of physical activity, and provision of education and support to reduce the use of tobacco.

The PRHA uses a 'community engagement approach' to develop local action plans under the Chronic Disease Prevention Initiative.

- The PRHA submitted a regional Injury Prevention Framework to Manitoba Health. As part of the framework, regional injury prevention working groups were formed.

Challenges and Future Directions

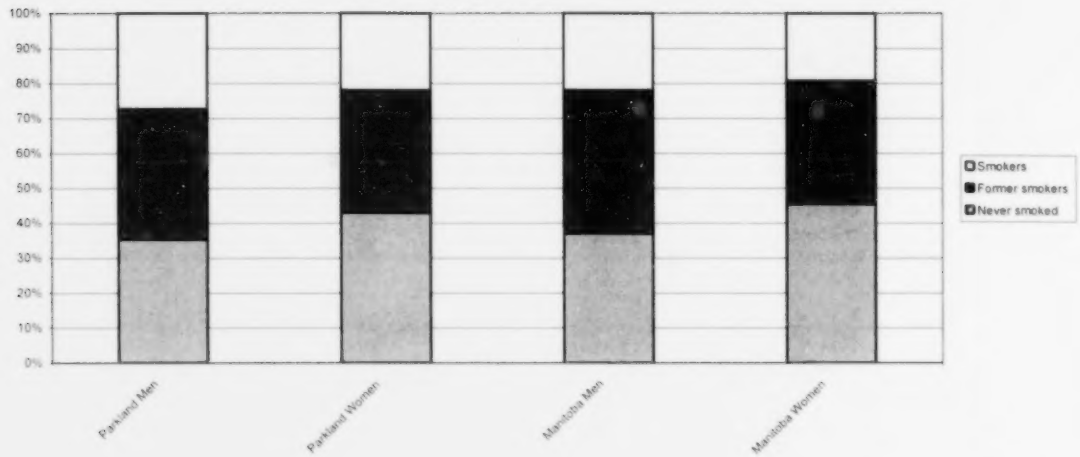
- According to the Canadian Community Health Survey (CCHS) conducted in 2005, 55.5 % of Parkland men and 57.7 % of Parkland women are physically inactive. Provincially, 46.8 % of men and 53.5 % of women are physically inactive.

- Residents of the Parkland have rates of diabetes, heart attack and stroke that are much higher than the province as a whole.

- The proportion of adults in the Parkland who are overweight or obese is higher than that of the Province as a whole. The CDPI is a major area of emphasis to support healthier lifestyle choices which ultimately have a positive impact on chronic disease rates.

Indicator: **Proportion of non-smokers in the Parkland Region**

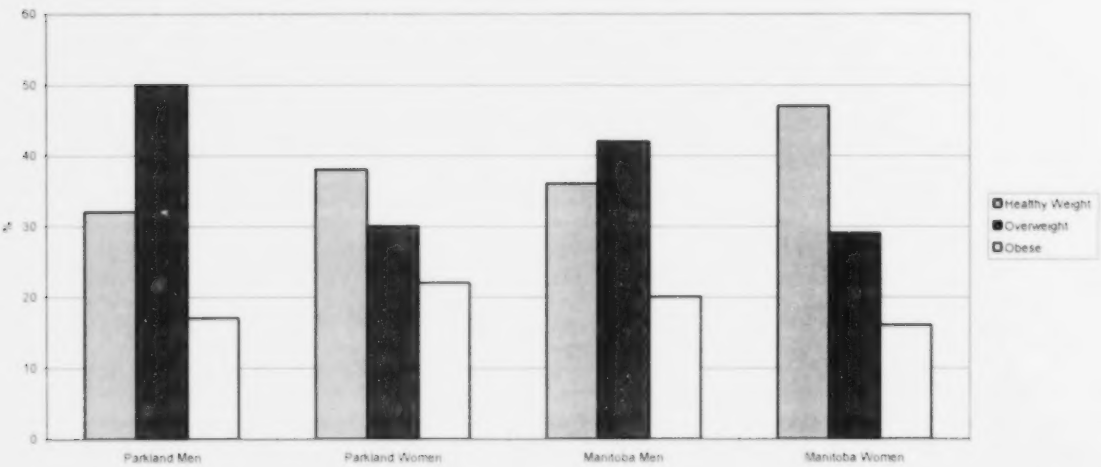
Smoking
2005 CCHS



-Less than a quarter of Parkland men and women were smokers in 2005. Smoking rates for both men and women in Parkland are similar to the Manitoba average.

Indicator: **Proportion of Parkland residents with healthy body weight**

Body Weights
2005 CCHS



-In Parkland, both men and women age 18 and over, are more likely overweight and obese than Manitoba men and women.

Healthy Environments

-Residents live in a safe, healthy environment-

Goal: To increase public awareness of preventative measures for environmental-related illness.

Actual Results/Accomplishments:

- The PRHA participated in the Western Regional West Nile virus (WNv) Response Team, which reported to the Provincial WNv team. Information about West Nile virus, Hantavirus, Lyme Disease, was made available to the public. There were no human cases of WNv reported in the Region in 2005.

- The percentage of people living with asthma (as indicated by visits to a physician) within Parkland is lower than the Manitoba average. However, hospital stays for treatment of asthma is the highest in the province. This data suggests that Parkland residents are less likely than other Manitobans to have their asthma well controlled through ambulatory care and more likely to be hospitalized for this treatment. To begin to address this issue, informational sessions for parents and children with asthma were held in nine communities in the Region. These sessions provided information and tools to assist families in developing a plan, in collaboration with their family physician, to manage their asthma.

Through a community safety initiative, sharps arrive at the Dauphin Regional Health Centre, where they will be incinerated.

- While the quality of drinking water in communities in the Region has improved in recent years, water advisories continue to be issued periodically by the Medical Officer of Health for isolated communities, based on the results of water quality testing.

- Proper disposal of waste, in particular, sharps/biomedical waste, is important to reduce the incidence of needle stick injuries and disease. The Safe Sharps Disposal Initiative, a partnership with Parkland pharmacies, veterinary clinics and communities, has been operational since 2002.

- In 2005, the Province passed Bill 23 requiring workplaces to protect health care workers by ensuring that safety-engineered needles, such as shielded needle devices or retractable needle systems, are used whenever possible. To date, safety engineered intravenous needles have been implemented and the process of product selection for hollow bore needles is in progress.

Challenges and Future Directions:

- The Region will continue to work with Manitoba Department of Conservation and the Medical Officer of Health in relation to reportable food and waterborne diseases.
- Creating and maintaining partnerships with a number of different sectors is critical to achieving safe, healthy environments.
- The PRHA, in collaboration with other RHAs and the Regional Health Authorities of Manitoba Purchasing Program, is working to select and implement standardized safety needles in health care settings. Full implementation of safety engineered needle devices is required by March 2007.

Indicator **Number of cases of food and waterborne illness**

Cases	2005		2004	
	Parkland	Manitoba	Parkland	Manitoba
Giardia	6	110	*	141
Salmonella	*	155	9	159
Verotoxin-producing organisms	*	39	*	59

***Indicates less than 5 cases.**

Indicator **Kilograms of sharps/biomedical waste incinerated annually (in kilograms)**

Site	2005 Sharps/bio-medical waste incinerated (in kgs)
Dauphin Regional Health Centre	16,888
Roblin District Health Centre	700
Ste. Rose Hospital	3,100
Grandview District Hospital	Data not available in 2005

Indicator **Number of staff needle stick injuries**

Needle Stick Injuries	
2005/2006	2004/2005
23	27
Source: HIRS- Health Incidence Reporting System (formerly called ENCON)	

Healthy Environments

Goal: Communities are prepared to respond to internal and external disasters.

Actual Results/Accomplishments:

- An integrated disaster response plan was developed to address emerging communicable disease threats. The process, which builds upon the Canadian Pandemic Influenza Plan, involves responses from both facility and community health sites and programs. The PRHA has developed a Pandemic Influenza Regional Steering Committee. In 2005/2006, subcommittees were developed to address processes relative to:
    - Communication with providers and the public;
    - Public Health measures (surveillance, mass immunization and anti-virals);
    - Community supports for self-care;
    - Acute care for the seriously ill;
    - Management in long term care facilities;
    - Mobilizing human resources; and
    - Collaboration with key stakeholders external to the health system

- The PRHA hosted two regional meetings with stakeholders (Dauphin and Swan River) in February 2006 in relation to pandemic influenza planning. The meetings with municipalities, First Nations, school divisions, Department of Corrections representatives and other key organizations in Parkland, assisted by sharing up to date information on pandemic influenza and the development of collaborative response plans.

- In November, the Manitoba Emergency Measures Organization held a training day and 'Mock Disaster' exercise in Roblin. The training component covered the provincial and community response structure, the incident command system, and an overview of an emergency operations/command centre. Representatives listed in the emergency plan, including PRHA EMS staff and Roblin and District Health Centre staff, participated in the training day.

- The PRHA has adopted the Incident Command System as an integrated approach to disaster response. To date the PRHA has:
    - Provided education sessions to managers in partnership with the Office of the Fire Commissioner; This process involved all programs and services in the Region including community health, facilities and emergency medical services; and
    - Collaborated with Manitoba Health in development of a Provincial response.

- The PRHA has participated in Provincial response exercises including:
    - A test of communication technology using a ' table top' exercise in event of infrastructure breakdown due to adverse weather in Spring 2005.
    - An unscheduled regional loss of communication (telephone, cellular, and Fleetnet Radio) response in March 2006.

- For learning and quality improvement, tabletop exercises have occurred using elements of scenarios which have occurred in the Region.

- In collaboration with the Province, phone priority access dialing to all programs and services sites throughout the Region was updated in 2005. This system establishes protected telephone lines in the event of any emergency.

- Memorandums of Understanding (MOU) for coordinated Disaster Response have been ratified with

most Municipalities within the Region. The MOUs are specific to each municipality, outlining the expectations from both the Municipality and the PRHA.

- The PRHA developed a Major Incident Response Vehicle *(M.I.R.V.)* This vehicle serves as PRHA command post in the event of major incidents within the Region, as well a supply and equipment transportation vehicle.

- A network of after hours "on call" systems for the Region has been established that includes all PRHA programs and services, PRHA executive management and linkages with Manitoba Health and Medical Officer of Health "on call" emergency response.

- The Director of Emergency Medical Services, in conjunction with Emergency Measures Organization, Manitoba Health and the Office of the Fire Commissioner, provided extensive training to facility and EMS personnel on the response and management of hazardous material. Manitoba Health has supplied the region with a cache of Hazardous Materials response equipment in Dauphin and Swan River.

- The Director of Emergency Medical Services, in conjunction with Manitoba Health, received training in Business Continuity Planning.

Challenges and Future Directions:

- The PRHA will continue with development of a comprehensive Pandemic Influenza response plan.

- On-line Incident Command training is available from the Office of the Fire Commissioner. A strategy is being developed to use this tool to train all RHA staff.

- An extensive telephone contact list of government and non-government external agencies is being developed.

- Revised procedures for disaster code response are being completed.

- The PRHA is developing a strategy for disaster plan testing and a process for continuous improvement.

- Review and updating of the Regional Business Continuity plan to the new Business Continuity Institute standards.

Healthy Environments

Goal: To develop a culture of safety and continuous improvement.

Actual results/accomplishments:

- The PRHA completed a report addressing all requirements identified by CCHSA in the last accreditation survey (2004).
- Regional acute and long term care managers participated in a focus group session regarding the Protection for Persons in Care Act and the Protection for Persons in Care Office. Manitoba Health staff facilitated the session.
- The Manitoba Institute on Patient Safety held a health provider staff focus group session in the Region in April 2005.
- Education sessions have been provided for a variety of department- specific safety topics in relation to workplace safety and health requirements.
- A number of staff wellness groups have been established at sites throughout the Region.
- The PRHA has focused increased attention on patient safety in the past year, including:
    - An "All-Teams Day" to highlight projects and launch a patient safety focus for the next regional accreditation survey in 2007;
    - A scan of patient safety practices within the Region;
    - HIRS (Health Incident Reporting System) introduced and training provided to staff throughout the Region, replacing the old ENCON system of reporting;
    - Reporting and tracking of serious clinical and non-clinical untoward events, or events involving substantial risk of harm to patients or health care providers, and implementation of measures to prevent future such occurrences, continues to be a priority;
    - Development of a policy that supports an environment of openness within the PRHA for internal disclosure of health provider concerns.
- The PRHA Emergency Medical Services implemented a number of measures to support a continuous improvement approach related to patient safety including:
    - A comprehensive Quality Assurance/Continuous Improvement process on all ambulance calls in the Region that involves identification of issues with documentation and/or patient treatment and the need for additional training;
    - A preventative maintenance process, in concert with the electronic device preventative maintenance program in place with Brandon Biomedical, for high-risk ambulance equipment such as stretchers, vehicles, cardiac monitors, blood glucose meters, pulse oximeters;
    - In partnership with the Manitoba Emergency Service College, delivery of Emergency Vehicle Operations Training to EMS staff on an annual basis; and
    - A supervisor on call process to ensure that a supervisor is available 24-hours a day, 365 days a year for EMS staff.
- The PRHA established Workplace Health And Safety Committees in Emergency Medical Services and Community Health.

Challenges and Future Directions:

- Regional Teams will begin the self-evaluation phase of the accreditation cycle in preparation for the next survey in 2007.
- Patient safety will remain a focus of quality improvement activities within the Region. The PRHA will develop a Regional Patient Safety Framework in 2006/2007.
- The RHA will continue to integrate risk, quality, and program planning.
- Continue training EMS staff in Emergency Vehicle operations until all staff have completed the training and then develop a 1-day refresher course for ongoing training.
- Develop an electronic process for preventative maintenance with Emergency Medical Services to replace the current paper process.

Indicator

- In order to improve the quality and safety of patient/client care related to services, the Region reports and investigates events which have, or may pose risk to our service recipients, staff and visitors.

Treatment of the ill and injured

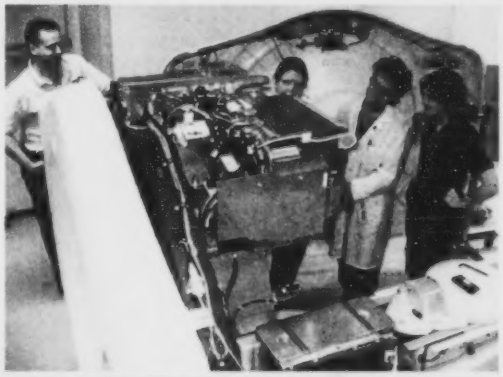
Goal: Residents have timely access to assessment, diagnosis and treatment.

- ***Timely*** *is the extent to which services are provided and or activities are conducted to meet client needs at the most beneficial or appropriate time.*
- ***Access*** *is the ease with which the client obtains required or available services.*
- ***Assessment, diagnosis*** and ***treatment*** *activities occur across the continuum of care.*

Actual results/Accomplishments:

Acute Care:

- The majority of Parkland residents access hospital services in the Region. Over 75% of Parkland residents obtained their hospital services within the Region.
- A Clinical Service Manager-Regional Infection Control position was established in 2005-2006. The position has the responsibility for the development and coordination of a Region-wide infection control program which includes hospitals, personal care homes and Emergency Medical Services (EMS).
- An infection control program framework for the Region was developed.



The CT Scanner at the Dauphin Regional Health Centre underwent an upgrade in March 2006.

- The PRHA established new arrangements for enhanced radiologist services in the Region. The arrangement provides on-site CT, X-ray and ultrasound services which helped to reduce wait times for some diagnostic imaging tests in the Region.
- The CT Scanner at the Dauphin Regional Health Centre (DRHC) underwent an upgrade in early March 2006. The PRHA, through Manitoba Health, replaced the 'single-slice' CT Scanner with a state-of-the-art 16-slice unit. The upgrade allows the Region to provide enhanced diagnostic service to both residents and physicians of the Parkland.
- Itinerant urologist services were established at the Dauphin Regional Health Centre.
- The PRHA funded a stress testing program at the Swan Valley Health Centre in Swan River.

Challenges and Future Directions:

- The Region continues to experience chronic shortages of nursing, diagnostic, pharmacy and EMS staff.
- Ongoing recruitment and service strategies continue to enhance Radiologist services for the Region.

- The PRHA continues to work with Swan Valley Health Centre, the Manitoba Renal Program and the Province on expansion of the Hemodialysis Program to Swan River.

- Ultrasound wait times have increased slightly in the past year, but are within the Provincial average. The wait times for CT have decreased over the past year as a result of recruiting a Radiologist to the Region. However, the CT Wait Time continues to be above the provincial average as the Radiologist works part time.

- The Region currently has 5.1 acute care beds per 1000 residents. The provincial average is about 3.8 beds per 1000.

Indicator:

Diagnostics Waiting Time

	Parkland		Rural Manitoba
	2005/2006	2004/2005	2005/2006
	Wait Time (weeks)	Wait Time (weeks)	Wait Time (weeks)
Ultrasound	8.25	7.8	8.5
CT Scan	5.5	6.1	4.5

Treatment of the Ill and Injured

Goal: Residents have timely access to assessment, diagnosis and treatment.

Mental Health

Actual results/Accomplishments:

- The Community Mental Health Program provides short-term counselling to a large number of Parkland residents with the number of people accessing the program continuing to increase each year.

- The Co-occurring Disorders Initiative (C.O.D.I.), a collaborative initiative between PRHA Mental Health Services and the Addiction Foundation of Manitoba, assists individuals who have co-occurring mental health and addiction problems to access appropriate services. In 2005/06, the focus was on provision of education to service providers in addictions and mental health programs. Future plans include use of standardized screening and assessment tools, and collaboration among service providers in service provision.

- The PRHA provides staffing and resource support to the independent Parkland Mental Health Promotion Committee, made up of community partners and stakeholders that plan community awareness events each year around Mental Health Week in May and Mental Illness Awareness Week in October.

- Helping Everyone Reach Out (HERO Club) continues to expand with several additional vocational programs. HERO clubs provide support for Parkland residents who live with mental health issues. Clubs provide support through organized fellowship that may include a vocational focus. The HERO Club annual conference was held in Swan River in September 2005 by the host HERO Club North. The event celebrated the 10th anniversary of the establishment of HERO Clubs in the Parkland.

Members of the Parkland Mental Health Promotion Committee sign a Mental Illness Awareness Week proclamation with the City of Dauphin, in October 2005.

- The PRHA partners with area agencies in the Parkland Advisory Committee for Employment Support (PACES) for development of employment opportunities for people with disabilities. As a result, some participants from the HERO Club were employed at the Almost New Second Hand Store, which celebrated its grand opening in Dauphin in February 2006.

- A Posttraumatic Stress Disorder Conference was held in the Region in October 2005.

- A psychologist was hired in September 2005, in collaboration with the Department of Clinical Health Psychology, University of Manitoba.

Challenges and Future Directions:

- Access to child and adolescent psychiatry by residents of the Parkland has been a concern for a number of years, but reached a crisis with the closure of the Child and Adolescent Treatment Centre in Brandon. The PRHA approached the Winnipeg Regional Health Authority for development of psychiatry outreach support to the Region. Access to consultations by a Child and Adolescent Psychiatrist is planned for 2006/07.

- Provision of psychiatrist services to the general adult population continues to be a challenge, although recruitment of a second full-time psychiatrist for the Region continues. Telehealth service, through a Winnipeg-based psychiatrist, continues to be a very valuable support to residents of the Region.

- The 2004 Manitoba Centre for Health Policy Study *(Patterns of Regional Mental Illness Disorder Diagnoses and Services)* indicated that Parkland has higher prevalence of dementia than other rural RHAs. This is particularly noticeable in the east, west and north districts. Community-based service to this population will continue to challenge program resources. An additional mental health worker devoted to working with the elderly is planned for 2006/2007.

- The same study indicated that Parkland is not statistically different from the Manitoba average in terms of suicide attempts. Parkland Mental Health is chairing an interagency committee on suicide prevention with the aim of reducing suicide rates in the Region.

Indicator:

Number of people served by Community Mental Health Services

	Child & Adolescent	Adult	Geriatric	TOTAL
2005/06*	199	958	214	1371
2004/05	193	900	264	1357

Stats until June 2, 2006

Treatment of the Ill and Injured

Residents have timely access to assessment, diagnosis and treatment.

Goal: Expansion of the Telehealth Program in Parkland.

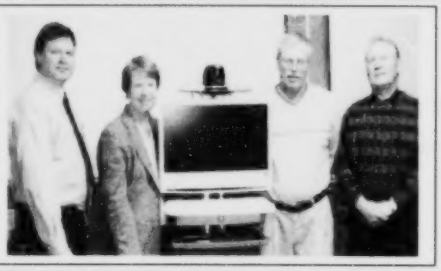
Actual Results/Accomplishments

- The PRHA expanded the Telehealth Program to Ste. Rose in 2005-2006, it's third site in the Region. This was in large part due to the financial commitment from the Prevost Foundation in Ste. Rose, who contributed to the necessary capital equipment. In its first three months of operation, the site had 29 events.
- Telehealth sites in the Region continued to be active with Dauphin and Swan River being the two rural sites with the highest utilization rates on the MB Telehealth Network.
- Physicians and nurses in the surgical program at Dauphin Regional Health Centre provide pre-operative clinics via Telehealth.
- Specialty physician consultations accessed by Parkland Region in Winnipeg and Brandon include oncology, dermatology, pediatric psychiatry and pre-operative and surgical programs.
- The Dauphin General Hospital Foundation purchased additional Telehealth equipment to better meet the needs of residents of Dauphin and area.
- A needs assessment was completed to look at expanding the Telehealth Program to a fourth site in the Roblin area of the Region.

Challenges and Future Directions:

- Expanding the Telehealth Program to the community of Roblin and surrounding areas.
- Adopting MB Telehealth's integration model of training providers to operate equipment independently to allow for increased use of equipment and expand hours of usage.

An official opening for the new Telehealth site in Ste. Rose was held in 2006.



PRHA representatives and members of the Dauphin Hospital Foundation proudly display the second set of Telehealth equipment at DRHC.

Physicians and nurses at the Dauphin Regional Health Centre to provide pre-operative clinics as part of the MB Telehealth Program.

Indicators:

Telehealth Utilization					
	Clinical	**Continuing Education**	**Administration**	**Other**	**Total**
2005/06	1288	270	208	5	1771
2004/05	1489	254	84	1	1828
2003/04	1333	160	61	15	1569

2005-2006 Telehealth Utilization- By site					
	Clinical	**Continuing Education**	**Administration**	**Other**	**Total**
Dauphin	551	182	120	2	855
Swan River	728	74	83	2	887
Ste. Rose*	9	14	5	1	29
**Statistics in Ste. Rose based on first three months of operation*					

Treatment of the Ill and Injured

Goal: To increase the percentage of Parkland Region's population having Emergency Medical Response in less than 30 minutes.

Actual Results/Accomplishments:

- The PRHA Mafeking Emergency Medical Services (EMS) station commenced operations in May 2005. This enhanced Emergency Medical Services in the Northwest part of the Region and increased the response time to the area within 30 minutes to 92% of the calls.
- The PRHA, in conjunction with the Swan Valley Health Facilities Foundation, completed construction of a new ambulance facility in Swan River in August 2005.
- The PRHA replaced the ambulance vehicle in Ethelbert with a vehicle through Manitoba Health's provincial fleet program. Three other new ambulances were assigned to serve the communities and surrounding areas of Dauphin, Swan River and Roblin. Under the Program, all 18 of the PRHA EMS vehicles have been replaced.

Challenges and Future Directions:

- The Region will continue to develop and implement Mutual Aid Agreements. These agreements will provide backup ambulance service coverage during emergencies and increase coordination and integration of ambulance services across the Region and with other RHA's.
- The PRHA will develop a Major Incident Response Team within the Region, working under the Incident Command model, for integrated, safe response to major incidents.
- A strategy to replace aging Emergency Medical Services equipment within the region will be developed.
- Emergency Medical Services will participate in the implementation of the PRHA Injury Prevention Plan with both PRHA partners and external stakeholders within the Region.
- A coordinated process for the transfer of patients within the Region for both inter-facility and primary responses will be established.
- The PRHA will continue to work with communities to develop Non-transport First Response Agencies within the Region.

2005/2006
Regional Summary
of
Pre-Hospital Response Time
Time of call to arrival
on scene
(Within 30 minutes)

Dauphin	97 %
Ethelbert	100%
Grandview	100%
Roblin	97%
Swan River	96%
Waterhen	100%
Winnipegosis	93%
Ste. Rose	87%
Gilbert Plains	99%
McCreary	98%
Mafeking	92%

Treatment of the Ill and Injured

Goal: Residents receive appropriate care in the appropriate setting

Actual Results & Accomplishments:

- Overall, the day surgery rates in the Region have remained fairly constant over the past three years. Advances in surgical technology and equipment have allowed more procedures to be performed on a day surgery (going home on the same day as surgery) basis. This compares favourably to similar-sized facilities in the province.

- An Activity and Wellness Program was implemented at DRHC with expansion of the role of the Rehabilitation Aide. Elderly clients with stable health status received enhanced physical activity, socialization and stimulation.

- The Home Care Program completed a study focused on the health needs of frail elderly living in the community. The Community Alternatives for the Frail Elderly (CSAFE) project identified a number of community services for this population that could prevent or delay admission to a hospital or personal care home for this at-risk population. Recommendations arising from this study will inform development of new programs in future years.

- The total number of people receiving Home Care in the past year has remained relatively stable. However, the provision of home care nursing services increased significantly with expansion of the Home IV (intravenous) and early hospital discharge program to Dauphin and area following a successful pilot of this initiative in Swan River.

Challenges and Future Directions:

- The demand for occupational therapy and physiotherapy services in the Region has risen in the past year, resulting in wait list for therapy for persons who have non-emergent conditions. Increased numbers of therapists are required to meet needs in a timely manner. The PRHA is preparing plans to increase capacity of this service in the future.

- The Home Care Program has experienced increasing difficulty in the recruitment of health care providers, resulting in wait lists for services in some communities. The Program is exploring recruitment strategies and the implementation of an electronic scheduling system that will help to address this issue.

- The Parkland Children's Therapy Initiative is an intersectoral program being developed through a partnership of the Department of Family Services and Housing, the PRHA and School Divisions. The initiative that will provide occupational therapy and physiotherapy in the Region, will be implemented over the next two years.

- The PRHA will utilize recommendations from the CSAFE project to further program development beginning with a pilot of Seniors Health and Wellness Clinics in a small number of communities in 2006.

- The Region will continue to explore supportive housing initiatives that enable seniors to continue to live in the community with enhanced supports.

Indicator: ***Percentage of surgical that are day surgery**

2004/2005	52.3 %
2003/2004	43.5 %
2002/2003	45.1 %

Source: MB Health

*The percentage rates are based on the percentage of surgical cases done in in-patient and day surgeries that are performed in Dauphin Regional Health Centre and Swan Valley Health Centre.

Indicator: **Units of service and open cases at year-end**

Indicator: **Units of service: Number of Visits**

Home Care Service Provision		
	2005-2006	**2004-2005**
Total clients at start of year	1080	1103
Clients admitted/readmitted to service	590	618
Clients discharged from service	581	640
Total clients at end of year	1089	1081

	Occupational Therapy (OT)	**Physiotherapy (PT)**	**Speech Language Pathology (SLP)**
2002/03	3,232	10,921	729
2003/04	3,605	10,985	824
2004/05	3,835	10,786	1,072
2005/06	4,345	10,535	1,332

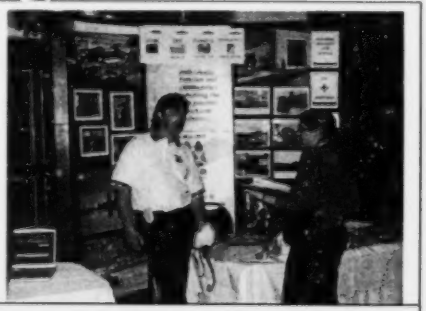
Human Resources

Goal: Establish an organizational culture that attracts, develops, and retains the best possible people.

Actual Results/Accomplishments:

- The PRHA developed a comprehensive Human Resources Strategy in 2005-2006.
- The PRHA completed its second Staff Satisfaction Survey in 2005-2006. About 33 per cent of staff responded compared to 39 per cent when the first survey was conducted in the spring of 2003. The PRHA used the results to compare itself with seven areas of focus provincially. They include: Work Environment, Relationship with Management, Empowerment, Relationship with co-workers, Safety, Respect for fellow employees and Job Security.
- The PRHA established a Human Resource Recruitment Manager position in 2005-2006. The HR Recruitment Manager is responsible for the overall coordination of the recruitment, retention and recognition activities throughout the PRHA.
- The PRHA developed a Regional Staff Education Plan that provides a foundation for the future training needs of employees of the RHA.
- The PRHA hosted two days of Management and Leadership Training in 2006.
- The PRHA, in collaboration with Red River College and West Region Tribal Council, unveiled a Licenced Practical Nurse (LPN) to Diploma Nurse Education (RN) pilot project in the Region. This allowed eight Parkland LPNs to access nurse education and participate close to home for a majority of the program. Red River College in Winnipeg delivered the program, using streaming video technology.

The PRHA attended the Parkland Career Job Fair in Dauphin in February 2006.



Dr. Rob Stecher, PRHA VP Medical Services attended the Family Medicine Residents Job Fair in Winnipeg in February 2006.

- Dauphin was one of two rural sites chosen in 2005/2006 to host Assiniboine Community College's (ACC's) 15-month Practical Nursing Program. The Program, which began in January 2006, offered enrollment to 25 students in the Parkland area.
- The PRHA partnered with ACC to host a Comprehensive Health Care Aide Program in Roblin in the Fall of 2005.
- In January 2006, the PRHA attended the Health Studies Career Nursing Day at Brandon University and the University of Manitoba Faculty of Nursing Career Fair.
- The Human Resources department developed a cooperative training relationship with ACC in developing a Health Care Aide Program. Un-trained employees were hired with the expectation of obtaining the ACC Health Care Aide Certificate within nine months of employment. This cooperative program had 17 employees 'learning on the job'.

- The PRHA attended the University of Manitoba School of Medical Rehabilitation Career Fair, for Occupational and Physiotherapy students in December 2005.

- Additional nursing recruitment activities included:
    - Posting positions in paper media in Winnipeg and Yorkton, Saskatchewan;
    - Sending postings to Universities in Manitoba and Saskatchewan and Red River College;
    - Attending recruiting fairs throughout the province;
    - Offering bursaries to new nursing students;
    - Offering relocation allowances for transferring nurses;
    - Purchasing space on Canadiannurse.com, monster.ca,workopolis.ca and canadianrn.com;
    - Accessing the Manitoba Health web site for posting opportunities.

- The Region contracted an external recruitment company for physician specialists in, radiology obstetrics/gynecology, psychiatry, general surgery and internal medicine.

- The PRHA attended the Family Medicine Residents Retreat in Gimli in September 2005 and the Residents Job Fair in Winnipeg in February 2006.

- In October 2005, the PRHA Vice-President of Medical Services made a presentation to medical students in Winnipeg at an information session organized by the Office of Rural and Northern Health. This gave students a chance to learn about the practice opportunities available in rural Manitoba for electives and clerkships.

- The communities of Roblin and Dauphin successfully attracted new general practitioners during the year.

- The 2005/2006 Parkland Nursing Recruitment and Retention Fund was fully expended to approximately 120 staff. These funds are jointly administered by a union management committee in the Region.

- The PRHA attended the WINN Symposium in Winnipeg in December 2005. The symposium's primary focus was to discuss strategies for integration of new health care professions.

Challenges and Future Directions:

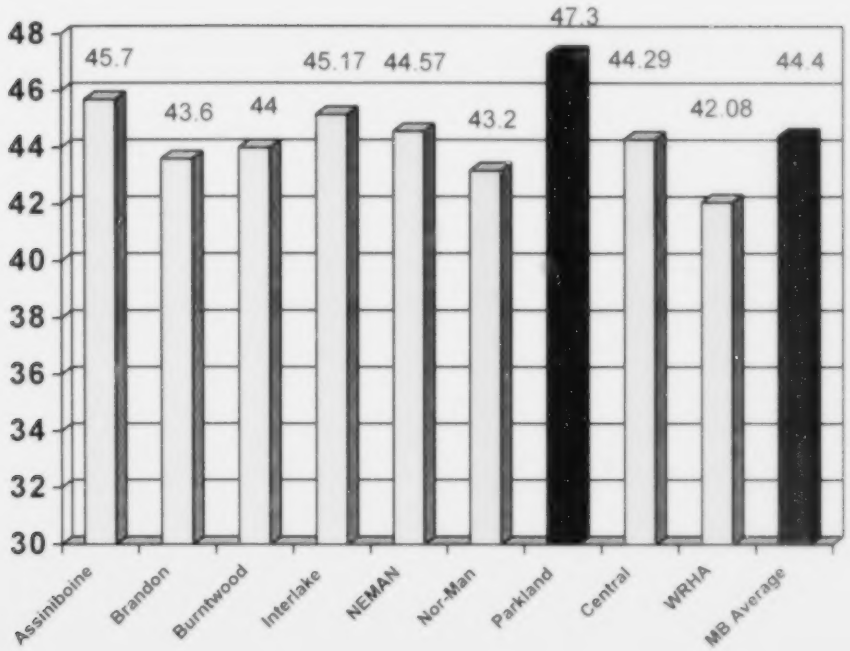
- The Region is seeing the effects of national and provincial shortages of health professionals including family doctors, nurses, pharmacists, therapists and diagnostic staff.

- The Parkland Region has the oldest health care workforce in the province.

- In 2004, the PRHA had the highest paid sick hours in the province and one of the highest lost hour per employee rates in the province. A Human Resource Disability Manager position has been established. The HR Disability Manager is responsible for the overall coordination of workplace activities associated with disability management throughout the RHA. The manager is a support to ill/injured employees and acts as a catalyst for the timely return of injured employees back into the workplace.

- Information about employment possibilities and the PRHA Human Resources Department are available on the PRHA web site.

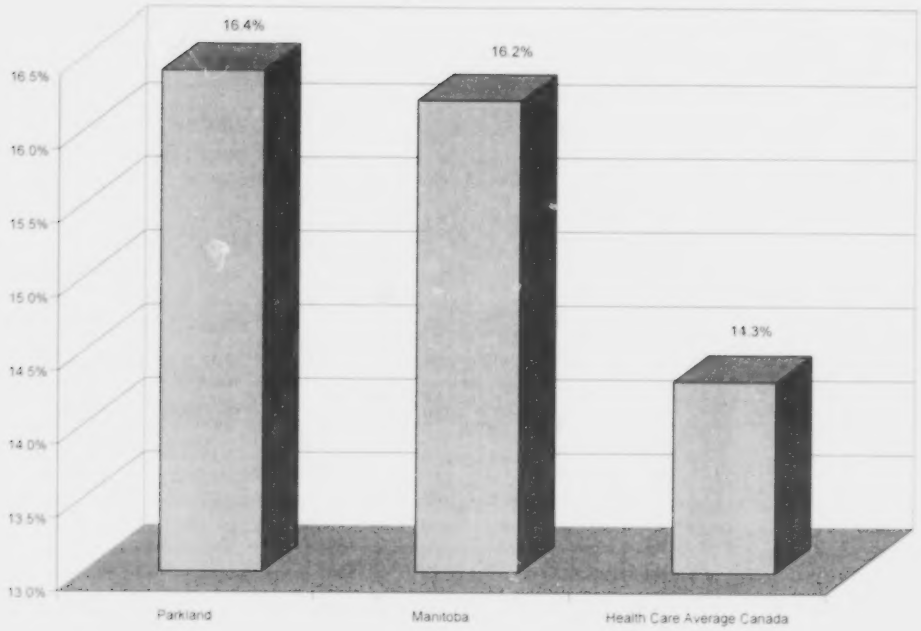
*Average age of employee by RHA



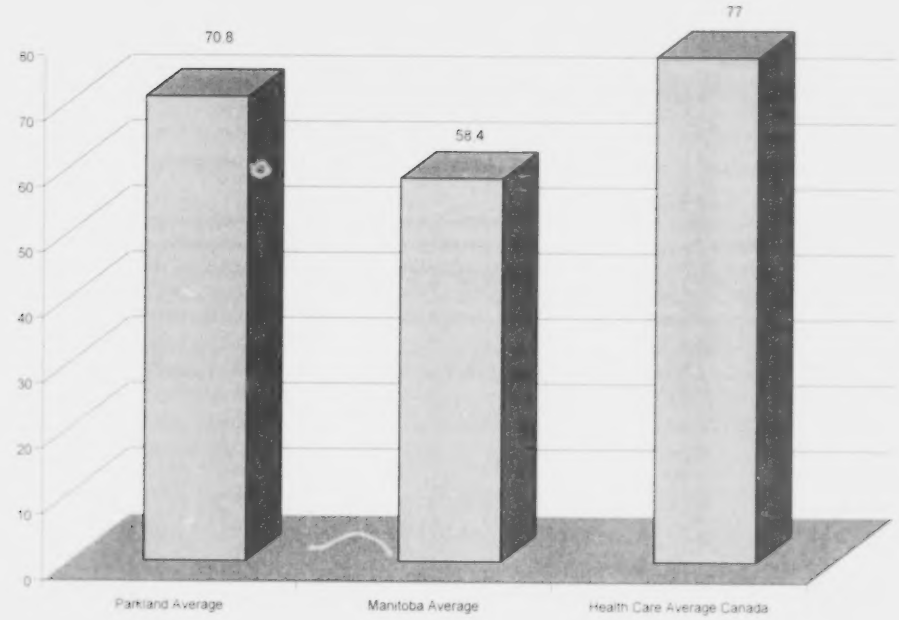
*Employee years of service	
Parkland	9.1
Manitoba	9.2
Health Care Average Canada	10

*Turnover rate	
Parkland	11.4 %
Manitoba	14.9%
Health Care Average Canada	12.6%

***External Hire Rate 2004**



***Paid Sick Hours**



Capital Equipment & Infrastructure

Goal: To ensure that physical facilities and equipment are adequate to meet the needs of the Region's programs (Capital Project Development).

Swan Valley Health Centre

Actual Results & Accomplishments:

- The new Swan Valley Health Centre opened in September 2005. The new facility houses both acute care and community health services. Space for a dialysis unit has been built into the new facility and is expected to become operational the last quarter of 2006/07 fiscal year.
- The Region and Manitoba Health continue to proceed towards construction of a new Community Health building in Dauphin. As at the fiscal year end, a preliminary construction budget and working drawings had been completed.
- The construction of Primary Health Care Centers in the communities of Camperville and Waterhen was completed.
- The construction of a new ambulance facility in Swan River was completed.

- Safety and security projects during the fiscal year included:
    - Door replacement and security system upgrade at the McCreary Alonsa Health Centre;
    - An infant abduction security system and wander prevention system was installed at the Dauphin Regional Health Centre;
    - Grandview Personal Care Home medical storage room renovations;
    - The installation of automatic door openers in Grandview, Gilbert Plains, and Ste. Rose;
    - Nurse call system upgrade at Dr. Gendreau Home.

The new Swan Valley Ambulance facility opened in 2005.

- Capital equipment purchases included:
    - Upgrade of the new CT scanner in Dauphin;
    - Replacement of 10 acute beds and 40 long tern care beds.
    - Replacement of the Hemotology Analyser;
    - A new Ultrasound System;
    - A new Harmonic Scalpel;
    - Replacement of outdated Telemetry System.

Challenges and Future Directions:

- The Region will continue to work with Manitoba Health to proceed with the construction of the Dauphin Community Health Services Building.
- The PRHA will continue to renovate and repair facilities to meet Workplace Safety and Health standards and to provide a safe environment for all staff, patients, residents, clients and the general public.

Information Technology

Goal: To ensure timely, quality information is available for effective decision-making.

Actual Results & Accomplishments:

- An information management plan for the Region was finalized in 2005-2006
- The transfer of the information technology system from the temporary hospital in Swan River to the new hospital was completed successfully and in a timely manner.
- Improvements were made to the Region's computer information technology system including upgrades to servers and deployment of new systems
- Staff participated in the continued roll out of payroll and finance systems to affiliate organizations.
- PRHA Quality Teams continued to develop indicators for monitoring

A donation from the Prévost Foundation enabled the PRHA to purchase the capital equipment required for expansion of Telehealth Services to Ste. Rose.

- The installation of a Telehealth site in Ste. Rose was completed.
- Staff participated in a survey conducted by Manitoba Health E-Health Services.

Challenges and Future Directions:

- The Region will roll out the information management plan, subject to available resources.
- The PRHA will continue to roll out financial and human resource software to affiliate organizations.
- The PRHA will continue to work with Manitoba Health and other Regional Health Authorities regarding deployment of provincial strategies for information management.

OFFICE RÉGIONAL DE LA SANTÉ
DES PARCS

PARKLAND
REGIONAL HEALTH AUTHORITY

Parkland Regional Health Authority Inc.

Consolidated Financial Statements

For the year ended March 31, 2006

Parkland Regional Health Authority Inc.

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For the year ended March 31, 2006

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Management's Responsibility

To the Board of Directors of Parkland Regional Health Authority Inc.:

Management has responsibility for preparing the accompanying consolidated financial statements. This responsibility includes selecting appropriate accounting principles and making objective judgments and estimates in accordance with Canadian generally accepted accounting principles.

In discharging its responsibilities for the integrity and fairness of the consolidated financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors and the Audit Committee are composed primarily of Directors who are neither management nor employees of the Organization. The Audit Committee is appointed by the Board to review the consolidated financial statements in detail with management and to report to the Board prior to their approval of the consolidated financial statements for publication.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the Board of Parkland Regional Health Authority Inc. to audit the consolidated financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Audit Committee and management to discuss their audit findings.

Management

Management

Auditors' Report

To the Board of Directors of Parkland Regional Health Authority Inc.

We have audited the consolidated statement of financial position of the Parkland Regional Health Authority Inc. as at March 31,2006 and the consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Dauphin, Manitoba
Meyers Norris Penny LLP

June 21, 2006
Chartered Accountants

Parkland Regional Health Authority Inc.

Consolidated Statement of Financial Position

As at March 31, 2006

	Affiliates	*Devolved*	***2006***	*2005*
Assets				
Current				
Cash	1,512,202	4,890,196	**6,402,398**	8,879,640
Temporary investments	226,785	2,093,908	**2,320,693**	2,147,105
Benefits obligation	-	-	-	6,582,672
Accounts receivable *(Note 3)*	333,334	1,097,315	**1,430,649**	1,729,832
Due from Manitoba Health *(Note 4)*	-	1,396,232	**1,396,232**	607,740
Inventory	442,943	1,019,469	**1,462,412**	1,516,293
Prepaid expenses	189,844	538,383	**728,227**	1,268,337
Inter-facility	(249,093)	249,093	-	-
	2,456,015	11,284,596	**13,740,611**	22,731,619
Long-term investments *(Note 5)*	2,510	15,944,116	**15,946,626**	15,312,661
Capital assets *(Note 6)*	48,595,463	31,949,577	**80,545,040**	77,600,125
Trust assets	4,314	23,380	**27,694**	50,045
Benefits obligation *(Note7)*	3,860,945	6,318,824	**10,179,769**	3,595,343
	54,919,247	65,520,493	**120,439,740**	119,289,793

Continued on next page

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position
As at March 31, 2006

	Affiliates	*Devolved*	***2006***	*2005*
Continued from previous page				
Liabilities				
Current				
Lines of credit	371,764	-	**371,764**	1,349,609
Accounts payable and accruals	1,072,295	5,318,282	**6,390,577**	7,508,166
Benefits obligation	2,601,142	5,656,092	**8,257,234**	7,035,294
Current portion of long-term debt	-	87,273	**87,273**	87,149
	4,045,201	11,061,647	**15,106,848**	15,980,218
Long-term debt *(Note 8)*	-	163,780	**163,780**	251,053
Benefits obligation	1,608,753	2,334,354	**3,943,107**	4,028,189
Deferred contributions *(Note 11)*	47,267,505	52,206,040	**99,473,545**	92,189,162
Trust liabilities	4,314	23,380	**27,694**	50,045
	48,880,572	54,727,554	**103,608,126**	96,518,449
Net Assets				
Invested in capital assets	1,685,744	934,050	**2,619,794**	3,012,992
Internally restricted for capital purposes	71,751	340,195	**411,946**	555,386
Unrestricted net assets	235,979	(1,542,953)	**(1,306,974)**	3,222,748
	1,993,474	(268,708)	**1,724,766**	6,791,126
	54,919,247	65,520,493	**120,439,740**	119,289,793

Approved on behalf of the Board

_____ **Director**

_____ **Director**

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.
Consolidated Statement of Changes in Net Assets
For the year ended March 31, 2006

	Invested in capital assets	*Internally restricted for capital purposes*	*Unrestricted*	***2006 Total***	*2005 Total*
Balance, beginning of year	3,012,992	555,386	3,222,748	**6,791,126**	8,224,893
Prior period adjustment *(Note 16)*	(280,175)	-	66,375	**(213,800)**	(61,212)
Restated	2,732,817	555,386	3,289,123	**6,577,326**	8,163,681
Excess (deficiency) of revenues over expenses	(353,489)	9,326	(4,508,397)	**(4,852,560)**	(1,594,215)
Investment in capital assets	183,865	(110,300)	(73,565)	-	6,966
Internal transfers	56,601	(42,466)	(14,135)	-	214,694
Balance, end of year	2,619,794	411,946	(1,306,974)	**1,724,766**	6,791,126

The accompanying notes are an integral part of these financial statements

Parkland Regional Health Authority Inc.
Consolidated Statement of Operations
For the year ended March 31, 2006

	Affiliates	*Devolved*	***2006***	*2005*
Revenues				
Manitoba Health operating income *(Note 9)*	26,683,519	61,078,590	**87,762,109**	84,144,875
Patient income	3,927,585	2,830,068	**6,757,653**	6,743,536
Other income	997,034	3,277,125	**4,274,159**	4,165,103
Amortization of deferred contributions	1,828,242	2,305,936	**4,134,178**	3,315,403
	33,436,380	69,491,719	**102,928,099**	98,368,917
Expenses				
Acute care	14,096,211	27,467,592	**41,563,803**	39,410,739
Long-term care	17,210,427	13,550,305	**30,760,732**	28,459,941
Community and mental health	291,020	10,318,942	**10,609,962**	10,235,803
Homecare	182,426	9,049,799	**9,232,225**	9,009,779
Emergency response and transport	-	3,360,326	**3,360,326**	2,871,860
Parkland Regional Hospital Laundry Ltd.	-	909,417	**909,417**	844,590
Regional health costs *(Note 10)*	-	1,438,135	**1,438,135**	1,324,459
Medical remuneration	526,025	3,210,410	**3,736,435**	3,320,330
Pre-retirement	305,689	1,330,403	**1,636,092**	802,888
Amortization of capital assets	1,880,074	2,624,871	**4,504,945**	3,673,724
Interest on long-term obligations	-	28,587	**28,587**	9,019
	34,491,872	73,288,787	**107,780,659**	99,963,132
Excess (deficiency) of revenues over expenses	(1,055,492)	(3,797,068)	**(4,852,560)**	(1,594,215)

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.

Consolidated Statement of Cash Flows

For the year ended March 31, 2006

	Affiliates	*Devolved*	***2006***	*2005*
Cash provided by (used in)				
Operations				
Deficiency of revenues over expenses	(1,055,492)	(3,797,068)	**(4,852,560)**	(1,594,215)
Items not involving cash:				
Proceeds on disposal of capital assets	-	-	-	8,437
Amortization of capital assets	1,880,074	2,624,871	**4,504,945**	3,673,724
Amortization of deferred contributions	(1,828,242)	(2,305,936)	**(4,134,178)**	(3,315,403)
	(1,003,660)	(3,478,133)	**(4,481,793)**	(1,227,457)
Changes in non-cash operating working capital				
Temporary investments	(171,785)	(1,803)	**(173,588)**	(1,737,173)
Lines of credit	371,764	1,349,609	**1,721,373**	(2,146,819)
Due from Manitoba Health	-	(788,492)	**(788,492)**	362,256
Other working capital	700,009	232,623	**932,632**	2,516,196
	899,988	791,937	**1,691,925**	(1,005,540)
Financing and Investing				
Purchase of capital assets	(8,943,873)	(2,492,997)	**(11,436,870)**	(21,017,799)
Purchase of operating items from donations	-	(4,147)	**(4,147)**	-
Disposal of capital assets	1,566,892	(3,945,282)	**(3,977,668)**	-
Purchase of long-term investments	-	(775,455)	**(775,455)**	(1,320,372)
Disposal of investments	141,490	-	**141,490**	153,737
Deferred contributions	29,246,308	(14,220,531)	**16,901,535**	24,884,195
Interfacility	(22,078,977)	22,078,977	-	-
Repayment of long-term debt	(172,629)	(87,150)	**(87,150)**	(90,343)
	(240,789)	553,415	**672,928**	2,609,418
Increase (decrease) in cash during the year	(344,461)	(2,132,781)	**(2,477,242)**	376,421
Cash, beginning of year	1,856,663	7,022,977	**8,879,640**	8,503,219
Cash, end of year	1,512,202	4,890,196	**6,402,398**	8,879,640

The accompanying notes are an integral part of these financial statements.

1. Organization

The Parkland Regional Health Authority Inc. is a non-profit organization incorporated without share capital under the laws of Manitoba. The Parkland Regional Health Authority Inc. is involved in the provision of health care services to persons resident in the Parkland Region.

The Parkland Regional Health Authority Inc. is a registered charity and, as such, is exempt from income tax and may issue income tax receipts to donors.

2. Significant accounting policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles, and include the following significant accounting policies:

Basis of accounting

These financial statements were prepared using the accrual basis of accounting. The accrual basis recognizes revenues as they become available and measurable; expenses are recognized, as they are incurred and measurable as a result of receipts of goods or services and the creation of a legal obligation to pay.

Basis of reporting

These financial statements include the accounts of all controlled not-for-profit organizations of the Parkland Regional Health Authority Inc. All significant inter-departmental transactions have been eliminated.

The assets, liabilities, revenues and expenses of the following not-for-profit operations have been included in these financial statements:

Devolved facilities:

Dauphin Regional Health Centre
Roblin District Health Centre
Gilbert Plains Health Centre
Grandview Hospital District No. 3B
Dauphin & District Ambulance Service
Roblin & District Ambulance Service
Grandview Personal Care Home
Parkland Regional Hospital Laundry Ltd.
Swan Valley Ambulance Service
Ste. Rose Ambulance Service

Affiliates:

McCreary/Alonsa Health Centre
Hôpital Général – Ste. Rose – General Hospital
Swan Valley Lodge (1991) Inc.
Swan River Valley Hospital
Swan River Valley Personal Care Home Inc.
Benito Health Centre
Winnipegosis – Mossey River Personal Care Home Inc.
Winnipegosis General Hospital
St. Paul's Home (Inc.)
Dr. Gendreau Personal Care Home Inc.
Swan River Hospital District No. 1
Canadian Mental Health Association, Swan Valley Branch, Inc.

The Parkland Regional Health Authority Inc. also receives funding from independent organizations which organize fundraising drives in various geographical areas exclusively for the use of the Parkland Regional Health Authority Inc. or its related entities. The extent of any funding provided by these independent entities is solely at the discretion of the board of directors of the independent entities.

A number of facilities within the Parkland Regional Health Authority Inc. receive donations from charitable foundations. As there is no control, significant influence or economic interest between the Parkland Regional Health Authority Inc. and these foundations, no financial information regarding these foundations is reported or disclosed in the financial statements of the Parkland Regional Health Authority Inc.

Temporary investments

Temporary investments are stated at the lower of cost and market value. These temporary investments have a fair market value of $2,320,693 at March 31, 2006 with interest rates ranging from 2.25% to 3.26% maturing April 2006 to October 2006.

Inventory

Inventory is stated at the lower of cost and replacement cost. Cost is determined on the first-in, first-out basis.

Capital assets

Capital assets are recorded at cost. Amortization is provided using the straight-line method at rates intended to amortize the cost of the assets over their estimated useful lives.

Buildings	20 to 40 years
Equipment	4 to 20 years

Long-lived assets

Long-lived assets consist of capital assets with finite useful lives. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

The Organization performs impairment testing on long-lived assets held for use whenever events or changes in circumstances indicate that the carrying value of an asset, or group of assets, may not be recoverable. Impairment losses are recognized when undiscounted future cash flows from its use and disposal are less than the asset's carrying amount. Impairment is measured as the amount by which the asset's carrying value exceeds its fair value. Any impairment is included in operations for the year.

Quoted market prices and prices for similar items are used to measure fair value of long-lived assets.

Benefits obligation

Accrued retirement entitlement

The Health Authority has a contractual commitment to pay out to employees four days salary per year of service upon retirement if they comply with the following conditions:

i) have ten years service and have reached the age of 55 or

ii) qualifies for the "eighty" rule which is calculated by adding the number of years service to the age of the employee

The Health Authority has recorded an accrual amount based on an actuarial valuation that includes employees who qualify at the year-end balance sheet date and an estimate for the remainder of the employees who have not yet met the criteria above. Funding for the retirement entitlement accrued prior to March 31, 2004 is recoverable from Manitoba Health over the next 25 years.

Each year, the Health Authority updates an actuarial valuation of the accrued retirement entitlements. The significant actuarial assumptions adopted in measuring the accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 5.0% and a rate of salary increase of 3% plus age related merit/promotion scale with nil disability.

Pension plan

Most of the employees of the Authority are members of the Healthcare Employees Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on the length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual entities within the related group. As a result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore, the Plan is accounted for as a defined contribution plan in accordance with the requirements of the Canadian Institute of Chartered Accountants' Handbook section 3461.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing assets in trust and through the Plan investment policy. Pension expense is based on Plan management's best estimates, in consultation with its actuaries, together with the 6.4% of basic annual earnings up to the Canada Pension Plan ceiling contributed by employees and 8% thereafter, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for the employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the Plan as at December 31, 2004, indicates that the Plan has a contribution deficiency. A contribution rate increase has been approved to address the deficiency.

Revenue recognition

The Parkland Regional Health Authority Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributed services

A number of individuals donate significant amounts of time to the Organization's activities. No amount is reflected in the statements for donated services since no objective basis is available to measure the value of such services.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Estimates are made for amortization, based on the useful lives of capital assets, amounts due from Manitoba Health, revenue from Manitoba Health and In-Globe and Out-of-Globe funding that is not yet approved, and accrued retirement entitlement obligations, based on management estimates and actuarial valuations.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in operations in the periods in which they become known.

3. Accounts receivable	*2006*	*2005*
Accrued interest	**107,057**	56,749
Ambulance	**264,478**	255,364
Ambulance - Health Canada First Nations Inuit Health	**105,002**	81,917
Dauphin General Hospital Foundation	**235,575**	-
Manitoba Nurses Union	**5,774**	2,212
Manitoba Housing and Renewal Corporation	**17,796**	-
Other	**500,848**	1,106,119
Province of Manitoba	**-**	88,733
Residents/ Patients	**108,545**	138,738
Swan Valley Health Facilities Foundation Inc.	**85,574**	-
	1,430,649	1,729,832

4. Due from Manitoba Health	*2006*	*2005*
Current years Operating Funding	**443,597**	755,102
Out of Globe – 2003/2004	**-**	(124,480)
Out of Globe – 2004/2005	**-**	(319,454)
Out of Globe – 2005/2006	**(417,674)**	-
Approved Capital Funding	**1,370,309**	283,210
Long-term disability over payment	**-**	13,362
	1,396,232	607,740

In-Globe Funding

In-Globe funding is funding approved by Manitoba Health for Regional Health Authority programs unless otherwise specified as Out-of-Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long-Term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed from within the global funding provided.
Any operating surplus greater than 2% of budget related to In-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Under Manitoba Health policy the Regional Health Authority is responsible for In-Globe deficits, unless otherwise approved by Manitoba Health.

Out-of-Globe Funding

Out-of-Globe funding is funding approved by Manitoba Health for specific programs.

Any operating surplus related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Conversely, any operating deficit related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines their final funding approvals, which indicate the portion of the deficit that will be paid to the Authority. Any unapproved costs not paid by Manitoba Health are absorbed by the Authority.

5. Long-term investments

	2006	*2005*
Manitoba Health sinking fund – trust account, various short-term and long-term investments earning interest of 2.85% to 6%. Sinking fund payments in each of the next five years will be $573,750. Fair market value of investments are $15,923,833.	**15,923,833**	15,148,378
Various investments	**22,793**	164,283
	15,946,626	15,312,661

6. Capital assets

	Cost	*Accumulated Amortization*	*2006 Net Book Value*	*2005 Net Book Value*
Land	**626,319**	-	**626,319**	586,685
Buildings	**102,670,085**	**31,384,545**	**71,285,540**	48,336,228
Equipment	**31,084,256**	**23,031,516**	**8,052,740**	6,058,146
Construction in progress	**580,441**	-	**580,441**	22,619,066
	134,961,101	**54,416,061**	**80,545,040**	77,600,125

7. Benefits obligation

The Health Authority recorded pre-retirement, accrued vacation, statutory holiday and overtime salary liability as benefits obligation. Funding for the entitlement as at March 31, 2004 is recoverable from Manitoba Health.

Benefits entitlement obligation

The Health Authority applies the accounting recommendations for employee future benefits contained in *Section 3461 of the Canadian Institute of Chartered Accountant's Handbook.*

8. Long-term debt

	2006	*2005*
Debenture Payable Held on behalf of Gilbert Plains Health Centre Inc. by Province of Manitoba bearing interest at 11.125% repayable in annual installments of $80,450 including interest, due June 1, 2008 and secured by the Gilbert Plains Health Center Inc. building,.	**241,350**	321,800
Loan Payable GMAC bearing interest at 1.900% payable in monthly installments of $578 including interest, secured by a 2002 Chevrolet Venture, due August 2007.	**9,703**	16,402
	251,053	338,202
Amount due within one year included in current liabilities	**87,273**	87,149
	163,780	251,053

Principal repayments required in each of the next three years are estimated as follows:

2007	87,273
2008	83,330
2009	80,450

9. Manitoba Health operating income

		2006
Revenue as per Manitoba Health's final funding document		**93,077,326**
Add:		
	Salary increments	**562,811**
		93,640,137
Deduct:	Non-Global surplus repayable for 2005/06	**(140,322)**
	Long-Term Care Standards deferral of revenue	**(117,432)**
Total funding approved by Manitoba Health		**93,382,383**
Add:	Hepatitis B Program	**104,635**
	Influenza Program	**74,975**
	Community Health Needs Assessment	**3,018**
	Primary Health Care Transition Fund	**416,238**
	Self Help Centre	**43,338**
	Non Global Adjustments 2004/05	**51,178**
	Chronic Disease Prevention Initiative	**8,693**
	Risk Factor and Complication Assessment Funding	**12,115**
	Telepsychiatry Clinics	**37,261**
	Diagnostics Backfill Costs	**4,500**
	Emergency Services Billings	**18,095**
		94,156,429
Deduct:	Amounts recorded as deferred contributions for:	
	- Long-term debt	**(2,359,728)**
	- Equipment funding	**(459,864)**
	- Major repairs	**(37,488)**
	- Capital interest on loans reclassified to deferred contributions	**(3,537,240)**
Revenue from Manitoba Health		**87,762,109**

10. Regional Health Authority Inc. costs

	2006	*2005*
Corporate office salaries	**755,452**	734,467
Corporate office benefits	**97,774**	106,802
Expenses paid on behalf of facilities	**167,607**	93,093
Board expenses	**89,008**	110,526
Recruitment	**40,000**	-
Nursing formal education	**62,055**	72,062
Other	**226,239**	207,509
	1,438,135	1,324,459

11. Deferred contributions

Deferred contributions represent capital funding received from Manitoba Health or donations received from other sources restricted for the purchase of depreciable capital assets and/or future expenses.

	Donation	Unexpended	Expended	*2006*
Balance, beginning of year	322,228	886,912	87,027,231	**88,236,371**
Prior period adjustments	-	-	798,624	**798,624**
Capital asset additions	(56,727)	188,908	11,304,689	**11,436,870**
Capital asset disposals	-	-	(6,850,777)	**(6,850,777)**
Capital funding	-	2,244,608	3,290,674	**5,535,282**
Interest and donations	106,271	22,162	(17,766)	**110,667**
Amortization	(116)	(18,148)	(4,115,914)	**(4,134,178)**
Other operating expenses	(40,062)	13,830	9,142	**(17,090)**
Balance, end of year	331,594	3,338,272	91,445,903	**95,115,769**
Deferred revenue				**4,357,776**
				99,473,545

12. Financial instruments

The Parkland Regional Health Authority Inc.'s financial instruments consist of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and long-term debt. Unless otherwise noted, it is management's opinion that the Parkland Regional Health Authority Inc. is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Fair Value

The carrying amounts of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and accrued liabilities approximate their fair values due to the short-term maturities of these items. The carrying amounts of the organization's investments and loans approximate their fair values as the investments and loans have currently prevailing interest rates.

13. Economic dependence

The Parkland Regional Health Authority Inc. received 85% of its total revenue for the year ended March 31, 2006 from Manitoba Health.

14. Comparative amounts

Certain comparative figures have been reclassified to conform with the current year presentation.

15. Significant event

During the 1998-1999 fiscal year a wide-spread mould outbreak was discovered in the Swan River Valley Health Centre (formerly Swan River Valley Hospital). During the 1999-2000 fiscal year, the Health Centre was closed down in an orderly fashion and replaced by a temporary building while a new building was being planned and built. During the 2000-2001 fiscal year, the old building and service equipment were demolished. Manitoba Health funded the construction of the temporary facility as well as the various relocation and other such costs incurred during the planning and construction phases.

During the current fiscal year, construction of the new facility was completed. All staff and equipment were relocated to the new facility by August 31, 2005. The temporary facility was dismantled.

16. Prior period adjustment and reclassification

During the year it was discovered that costs of construction in progress were incorrectly reported. Various adjustments were made to correct these errors resulting in a decrease to net assets of $213,800.

Effective April 1, 2004, the Organization adopted the recommendation from Manitoba Health regarding the Financial Statement Classification of Long-term Debt. All borrowings where Manitoba Health is providing the funds to repay the debt are required to be classified as Deferred Contributions.

The impact of this change has been to increase deferred contributions by the amount of any such borrowings then in place. At April 1, 2004, this change has increased deferred contributions, decreased long-term debt, and decreased current liabilities. In addition interest paid on long-term debt was decreased and Regional Health Authority revenue was reduced.

Appendix A

Key Financial Indicators

	2003/2004	2004/2005	2005/2006
Working Capital Ratio Ratio of current assets to Current Liabilities (Provides an indication of ability to pay current liabilities).	1.27	1.43	1.27
Remaining Useful Life of Capital Equipment Ration of net book value of capital equipment to amortization expenses (Provides an estimate of the remaining useful life of capital equipment in years)	3.29	4.84	5.44

Appendix B

Public Sector Disclosure Act

The Public Sector Compensation Disclosure Act requires that the RHA disclose to the Public, the amount of compensation it pays or provides in the fiscal year or calendar year directly or indirectly. Reported figures are to include:

- All overtime payments, retirement or severance payments, lump sum payments and vacation payouts;
- The value of loan or loan interest obligations that have been extinguished and the value of imputed interest benefits from loans;
- Long term incentive plan earnings and payouts;
- The value of the benefit derived from vehicles or allowances with respect to vehicles;
- The value of the benefit derived from living accommodation or any subsidy with respect to living accommodation;
- Payments made for exceptional benefits not provided to the majority of employees of the public sector body;
- The amount of compensation paid to its Board Chair, its board members in the aggregate, or its officers and employees if the compensation is $50,000 or more;
- Payments for memberships in recreational clubs or organizations; and,
- The value of any other payment or benefit that may be prescribed in the regulations.

**Information related to the Public Sector Disclosure Act can be obtained directly from the Regional Health Authority by calling (204) 622-6222 or 1-800-259-7541.*

Appendix C Strategic 2006-2011 Plan

What is the PRHA Strategic Plan?

The purpose of the PRHA's Strategic Plan is to provide a road map to guide the organization and the decisions it makes. Strategic planning includes information gathering and exploring alternatives with an emphasis on future implications to present day decisions.

Is the PRHA Strategic Plan completed?

The final Plan was submitted to Manitoba Health on June 1, 2005. The PRHA Strategic Plan is for the time period covering the years 2006-2011.

How did the PRHA compile the strategic plan?

The PRHA has been working towards the development of its second PRHA Strategic Plan, since June 2003. The process began with data and information gathering, from numerous sources, for the Community Health Assessment Report (*released September 2004.*) The Health Assessment is available on the PRHA website or at each facility and Community Health Services office in the region. Staff, volunteers, and community members provided input through surveys, focus groups and facilitated discussions.

The PRHA Board began its formal 'strategic planning exercises' in January 2005. The Board's Leadership & Partnership team, District Health Advisory Councils, regional program and service teams, regional committees, facilities and sites, and the regional Nursing Advisory Council all participated in planning exercises.

Information gathered at each session was compiled and analyzed by the executive management team. This team prepared a draft Strategic Plan for review by the PRHA Board, affiliate Boards, and senior managers. The PRHA Board approved the final version of the Strategic Plan, which was then submitted to Manitoba Health June 1,2005.

How does the information contained within the Strategic Plan assist the PRHA in the delivery of health care services and programs?

The Parkland Regional Health Authority uses a cyclical process for health planning. Data gathered about the region and its residents through the Community Health Assessment, together with information generated in monthly monitoring reports and meetings with community partners, helps the Board establish the "End Statements" for our organization. The Ends are the long-term outcomes the Board expects the organization to realize. Putting the Strategic Plan into action will guide us towards achieving our Ends. Each RHA submits a Strategic Plan to Manitoba Health every **five years**.

Strategic Planning is.....

- A process of determining what an organization intends to be in the future;
- A way of thinking about an organization and how to run it. The plan expresses in advance where the organization is heading and how it will get there.
- In part, an environmental assessment;
- Identifies needs and analyzes the environment in which the organization functions;
- A continuous process;
- Strategic Planning is the responsibility of all leaders within the organization.

Strategic planning "can't"

- Predict the future accurately;
- Overcome resistance to change;
- Solve current short-term crisis;
- Control the environment;
- Guarantee effective implementation of the Plan.

Appendix D

PRHA Volunteer Service Awards

Award recipients– Recipients of PRHA Board Volunteer Service awards in 2005-2006 included Jessica Johnson (front left) and back left, Marli and Landon Brown and Marlene Chute, (representing the Parkland Humane Society Pet Visitation Program), Betty Chrupalo, Eve Baptiste, Grace Livingstone and Annabelle Saquet.

The Parkland Regional Health Authority (PRHA) held its second-ever Volunteer Service Awards in conjunction with its 2005/2006 Annual General Meeting on November 24, 2005.
The Board reviewed the nominations of a number of worthy recipients. Though many nominations were given extensive consideration, only one recipient for each of the categories was selected. The Board presented awards to the following recipients:

The Board presented awards to the following recipients:

- Mrs. Annabelle Saquet, Ste. Rose (East District)
- Mrs. Grace Livingstone, Swan River (North District)
- Mrs. Betty Chrupalo, Winnipegosis (Central District)
- Mrs. Eve Baptiste, Roblin, (West District)
- Ms. Jessica Johnson, Winnipegosis, (Youth Award)
- The Parkland Humane Society (Group Award)

Recipients received a plaque honouring their efforts and achievements. Manitoba Minister of Health Tim Sale assisted in the presentations. The PRHA also made a donation of $100-in the recipient's name- to a charity of their choice. Charities that were named included the Swan River Valley Hospital Auxiliary, Dr. Gendreau Personal Care Home Pastoral Care Program, Roblin and District Hospital Auxiliary, Parkland Chapter of the Manitoba Heart and Stroke Foundation, the Manitoba Division of the Canadian Cancer Society and the Parkland Humane Society.

The Board thanks all of the people who took the time to nominate individuals and organizations. It especially thanks all of the nominees for their invaluable contributions that they perform every day for the betterment of health within Parkland communities.

Family Residency Unit

Appendix E

Five Generations- A legacy of rural physician training is just a part of the successes enjoyed by the Parkland Family Medicine Residency Unit. From left, Dr. Chris Beeston, Dr. Fred Fjeldsted, Dr. Scott Kish, Dr. Mark Clark and Dr. Murray VanAlstyne.

The Parkland Family Medicine Residency Unit has been preparing family medicine residents with the knowledge, skills and attitudes required for rural family practice since 1991.

The Parkland Family Medicine Residency Unit serves as a key recruitment and retention process for Parkland communities. Its presence provides exposure to Parkland communities, the excitement and challenges of rural health care, and the joy of rural living. Efforts continue to encourage more family medicine residency and medical students to train within Parkland, as their presence has positive impacts on local communities and provides much needed physician support in our large rural area.

In 2005, the Residency Unit celebrated a 'legacy' of rural physician training in the Parkland. There has been an evolution of resident training, one that has seen five 'generations' of teaching taking place.

Generations	Doctors involved	
1st Generation of teaching	Dr. VanAlstyne trains Dr. Mark Clark	(1993)
2nd Generation of teaching	Dr. Mark Clark trains Dr. Scott Kish	(1999)
3rd Generation of teaching	Dr. Scott Kish trains Dr. Fred Fjeldsted	(2002)
4th Generation of teaching	Dr. Fred Fjeldsted trains Dr. Chris Beeston	(2005)

The Parkland Regional Health Authority appreciates the hard word and dedication of all of the preceptors involved in this program. Dr. David O' Hagan is the Director of the Parkland Unit, which is affiliated with the University of Manitoba-Department of Family Medicine.